

Contractor Payment Process

*This procedure applies to all vendors (attorneys, investigators, mental health providers, etc.) providing services to the Office of the State Public Defender (OPD). **Please note that attorneys are not to pay for other professional services and then request reimbursement—those services are to be billed directly to OPD by the non-attorney service provider.***

*Conflict, non-conflict, and appellate matters are to be billed separately **with original signatures** on each claim, using the appropriate forms (the most current forms are always found at <http://publicdefender.mt.gov/forms.asp>). Conflict claims are to be billed directly to the Central Office. Non-conflict claims are to be submitted to the Regional Deputy Public Defender assigning the case. Appellate claims are to be submitted to the Chief Appellate Defender. **Faxes, photocopies and signature stamps are not accepted.***

Procedure

1. Claims for payment of services are to be submitted to the appropriate office by the tenth of the month following the date of service (i.e. a vendor providing services to OPD during the month of June must submit a claim to the appropriate OPD office by July 10).
2. OPD will pay properly executed and approved claims 30 days from receipt of the claim, beginning when the claim is date stamped by the first OPD office to receive the claim. **See the checklist below for important information regarding how to ensure that you are submitting a “properly executed claim.”**
3. Claims submitted to regional or appellate offices will be reviewed by the appropriate individuals to determine that the claim is valid and that services were provided in accordance with OPD and state policies and procedures. Once the claim is approved by the regional or appellate office it will be forwarded to the Central Office for final approval and payment.
4. Claims that are disputed by the regional or appellate office require written notification to the vendor explaining the dispute. The 30 day payment clock stops until the dispute is resolved. Once the dispute is resolved the 30-day clock resumes. For example, an office receives a claim on July 10 and date stamps the invoice, beginning the 30 day clock. The date that OPD expects to make the payment would be August 8. However, if the office disputes the claim on July 12 (stopping the payment clock) and resolves the dispute on July 15 (resuming the payment clock), the new payment date would be August 11.
5. Claims received in the Central Office (conflict claims and claims forwarded from regional or appellate offices) are reviewed for completeness using the checklist.
6. If all items on the checklist are complete, conflict and regional claims are forwarded to Contract Manager Larry Murphy for review. Appellate claims are forwarded directly to accounting.
7. Charges disputed by the Contract Manager will also be conveyed in writing. The 30 day payment clock stops until the dispute is resolved, as in item 4.
8. Disputed or incomplete claims are placed in a pending file until the issue is resolved. Contract management will follow up on a weekly basis to attempt to resolve pending claims.
9. Approved claims are forwarded to accounting for payment.
10. Payments are scheduled by due date—30 days from receipt in the Regional/Appellate office, (or Central Office for conflict cases) plus additional days caused by disputes or other delays.

Checklist

1. Conflict, appellate and non-conflict cases must be submitted separately. Submit a separate claim for each region in which you've worked and send it to the appropriate regional office for approval.
2. Each claim must include the **correct** OPD case ID number(s) as assigned by the regional or appellate office. **You must have an OPD case ID number to be paid. Many claims are delayed because of incorrect or incomplete OPD case ID numbers.**
3. Each claim must include an itemization of the hours worked by case by date, summarized by OPD case ID number on the appropriate claim form. Attorneys are to bill in six minute increments, (.10 equals six minutes). All vendors must outline completely the task billed.
4. Bill the actual amount of time worked on each task, not a preset amount for each task, *i.e.* every telephone call is **not .2**.
5. You may bill up to \$25 for office costs such as postage, copies and telephone.
6. You may bill for collect calls from clients who are incarcerated. You must attach your phone bill and itemize those costs on the claim.
7. All claims must include **original** signatures, preferably in blue ink. Signature stamps, copies and faxes are not accepted. All signatures must be **on the same page as the total amount** of billing.
8. Attach back-up documentation including:
 - a. **Pre-approval form for costs exceeding \$200**
Many claims are rejected because pre-approval forms are not attached to the claim or the claim amount exceeds the pre-approved amount.
 - i. Claims will not be approved if the amount exceeds the amount of the pre-approval. Amounts exceeding the original estimate require a supplemental pre-approval which must be included with the claim.
 - ii. Work that is billed incrementally must have a copy of the pre-approval attached to each individual claim indicating the amount billed to date against the pre-approved amount. The original pre-approval should be retained in the regional office until the final claim is submitted.
 - iii. A pre-approval form is not a substitute for a claim form! The pre-approval, a detailed itemization of the actual work performed **and** a claim form are required for payment.
 - b. **Travel forms**
 - i. Must include the purpose of the trip **and** the OPD case ID number(s).
 - ii. Mileage is to be calculated at the approved state rate. Do not round!
 - iii. Must include departure and arrival times if reimbursement for meals is requested (at state per diem rate only). Meal receipts are not required.
 - iv. Original motel receipts must be attached for reimbursement at the state rate.
 - v. The amount must be transferred to the face of the claim form, **by case ID number**.
 - vi. The travel form should be directly behind the claim form.
 - c. **Detailed itemization of charges.**
 - d. **Original receipts for any other miscellaneous costs must be attached.**
9. Ensure that the claim total appears on the first page of the claim, with back-up documentation directly behind the claim form.
10. Payment is made from ORIGINAL documents only—not faxes or photocopies. The original documents will be returned if they are incomplete.